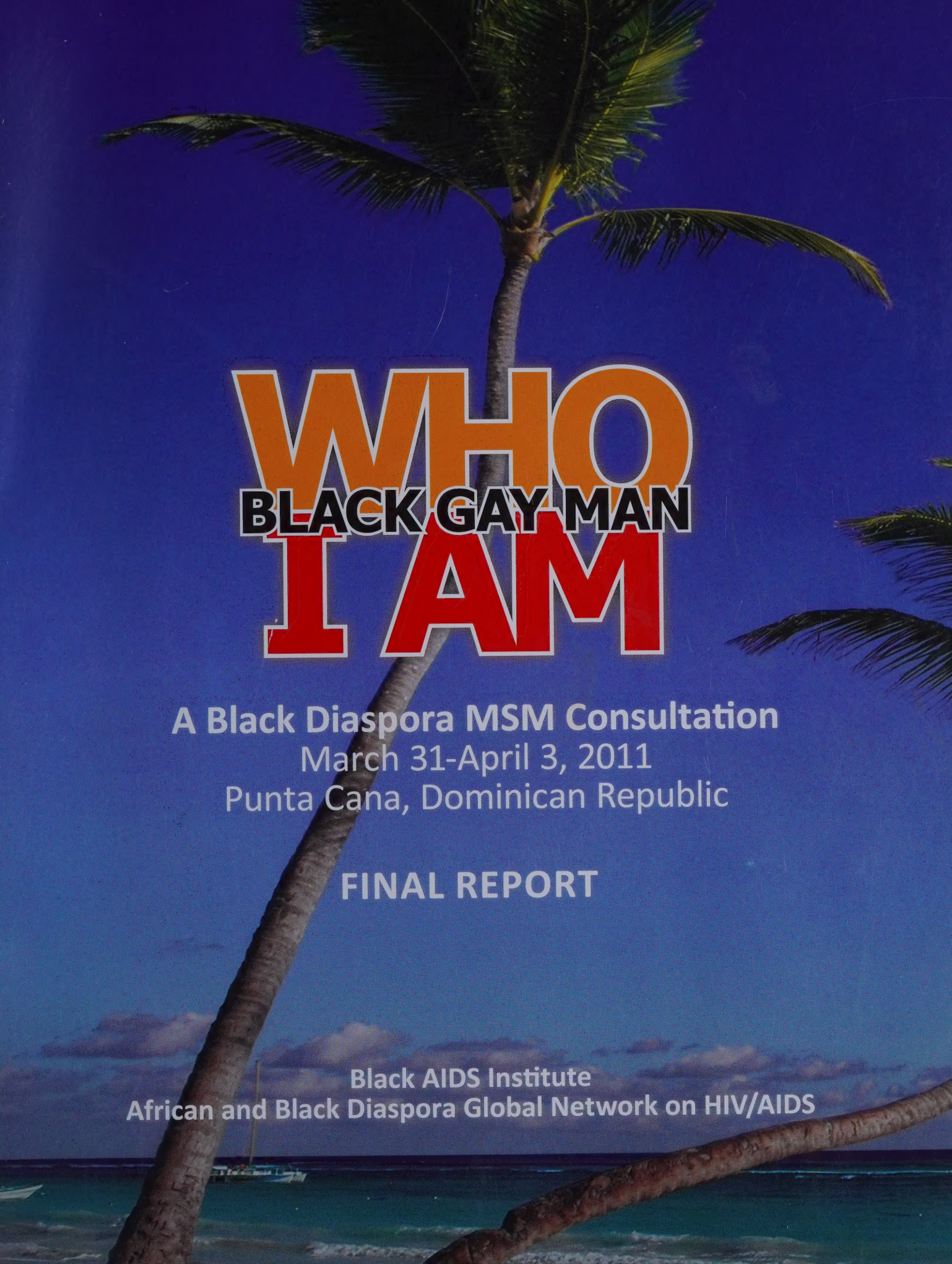

WHO I AM

BLACK GAY MAN

A Black Diaspora MSM Consultation

March 31-April 3, 2011

Punta Cana, Dominican Republic

FINAL REPORT

Black AIDS Institute
African and Black Diaspora Global Network on HIV/AIDS

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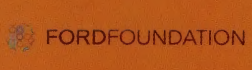

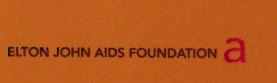

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Background

We are at a deciding moment in the fight against HIV/AIDS. While we are not where we used to be with regard to the AIDS epidemic, we are not where we need to be. And nowhere is that more true than among men who have sex with men (MSM) across the African Diaspora. On the U.S. policy front, we finally have health care reform and a National HIV/AIDS Strategy. On the science front, we've identified new HIV antibodies—critical building blocks for developing a vaccine—and proof of concept to develop a vaginal (and perhaps anal) microbicide, and pre-exposure prophylaxis (PrEP) has demonstrated clinical efficacy. On the epidemiological front, the surveillance systems in some countries are better than ever and we have a better handle on how large and where exactly the epidemic is. On the Black infrastructure and capacity front, we have a nascent Black AIDS movement that is increasingly sophisticated and ambitious.

And yet, everywhere you look, Black men who have sex with men bear a staggering HIV/AIDS burden. In the United States Black MSM account for nearly a third of all people living with HIV/AIDS; and new cases among young Black MSM are rising faster than in any other group. Data recently released by the U.S. Centers for Disease Control and Prevention (CDC) show a 48 percent increase in new HIV cases among young Black MSM in the United States between 2006 and 2009. Tragically, similar patterns exist among MSM in other high-resource nations across the Diaspora. In Ontario, Canada, where Black people account for 3.9 percent of the total population, 11 percent of new infections among MSM overall are among Black MSM. In the Caribbean, the situation among gay and bisexual men is nothing short of dire. MSM represent more than a quarter of HIV infections in Latin America and the Caribbean. In Jamaica, an estimated 32 percent of MSM are living with HIV. Black MSM across the Diaspora face multiple barriers, including homophobia, stigma, social isolation and religious persecution.

Many of the changes that have occurred over the last year offer new opportunities and challenges, particularly for Black gay and bisexual men. Thus, the Black AIDS Institute's (the Institute) Black Gay Men's Network (BGMN) and the African and Black Diaspora Global Network on HIV/AIDS (ABDGN) hosted an invitational four-day consultation and retreat focused on Black MSM issues in the Diaspora, with a focus on North America and the Caribbean region. The goal of the meeting was to promote meaningful interactions and maximize priority-setting and networking. The objectives of the consultation were:

1. Expand the understanding of recent breakthroughs in bio-medical interventions among Black MSM,

2. Develop strategies to increase the voice and presence of Black MSM at the 2012 International AIDS conference in Washington D.C., and

3. Strengthen Black gay networks in North America and the Caribbean.

Overview

Forty-three men from North America and the Caribbean-region gathered in the Dominican Republic at the Black Diaspora MSM consultation to reflect on their experience with the AIDS epidemic, learn about new developments and give their input on the way forward for their communities.

The first such gathering of its kind, the retreat/consultation built on the tradition of the Black Gay Men's Network Annual Retreat, and incorporated men from across the Black Diaspora in the Western Hemisphere, to energize a regional dialogue among Black Gay men as we entered the fourth decade of the AIDS epidemic. Over the course of the four day consultation participants engaged in thirteen lecture and discussion-driven sessions, and several personal and rapport-development activities.

This report provides a profile of the participants, descriptions and feedback for each session, key outcomes and recommendations, and detailed discussions of some critical topics addressed by the group.

The retreat/consultation was in large part made possible by the generous support of the Elton John AIDS Foundation, Ford Foundation, amFAR: The Foundation for AIDS Research, the International AIDS Vaccine Initiative, and the U.S. National Institutes of Health, Office of AIDS Research.

Participants Profile

There were 43 men who attended the retreat/consultation, from ten countries. Participation was roughly split between men from the U.S. and Canada, and men from the Caribbean-region.

Most of the U.S. participants were members of the Black Gay Men's Network (BGMN). BGMN is a national (U.S.) network of professional Black gay men who primarily work outside of the HIV/AIDS field. BGMN has hosted seven previous annual retreats designed to provide a space for Black gay opinion leaders to connect, with an emphasis on personal and professional growth, while developing their ability to serve as leaders and key influencers in their communities, with regard to HIV-related cultural norms and information.

The BGMN leadership elected to expand the reach and aim of the 2011 gathering, and it was converted to a consultation. The Institute and BGMN partnered with ABDGN in order to promote the event and recruit participants from outside of the U.S.. In addition to the countries listed below, men from Martinique and Haiti were expected to join, but were unable to attend due to unforeseen challenges with immigration.

COUNTRIES REPRESENTED

Belize (1)
Canada (3)
Dominican Republic (3)
Grenada (1)
Guyana (1)
Jamaica (3)
Saint Lucia (1)
Suriname (1)
Trinidad & Tobago (2)
United States (27)

Participants were asked to complete personal demographic questionnaires. Thirty-five of the 43 participants were able to complete the questionnaires. The group profile is as follows:

GENDER IDENTITY

Male, 100% (35)

RACIAL/ETHNIC IDENTITY

Black, 46% (16)
Afro-Caribbean, 40% (14)
African American, 20% (7)
Latino/Hispanic, 14% (5)
Caucasian, 6% (2)
African, 3% (1)
Mixed-race, 3% (1)
Black/Indian, 3% (1)

AGE

Under 18 years, 3% (1)
18-24 years, 3% (1)
25-30 years, 11% (4)
31-39 years, 31% (11)
40-49 years, 49% (17)
Over 50 years, 3% (1)

SEXUAL ORIENTATION

Gay/Homosexual/
Same-gender-loving, 100% (35)

HIV STATUS

Not openly living with HIV (positive or negative), 46% (16)
HIV Negative, 26% (9)
HIV Positive, 6% (2)
Unknown, 9% (3)
Declined to State, 9% (3)
Other/No Response, 6% (2)

EDUCATION (HIGHEST LEVEL ATTAINED)

High School/GED, 6% (2)
Some College, 3% (1)
Undergraduate Degree, 31% (11)
Post Graduate Degree, 61% (21)

Key Terms

AFRICAN/BLACK DIASPORA
Describes the diversity of people of African descent living outside of the African continent. Includes migrants and immigrants, their descendants, and descendants of slaves in non-African countries. African Diaspora communities are concentrated in the Western Hemisphere and in Europe. African and Black are used interchangeably in this report.

MSM
"Men who have sex with men" describes any adult men who engage in sexual acts with other men, at any frequency, for any duration of time, regardless of socio-cultural self-identification—MSM may identify as "gay," "same-gender-loving," "bisexual," "heterosexual," or otherwise.

GAY
Describes MSM who publicly self-identify as "gay," "homosexual," or "same-gender-loving," at least some of the time. This identification typically assumes some personal association with gay culture and social institutions.

Consultation Content

The consultation covered five topic areas through a combination of facilitated interactive working sessions, workshops, and presentations. All of the presenters were experts in their field, with a history of working with Black gay men.

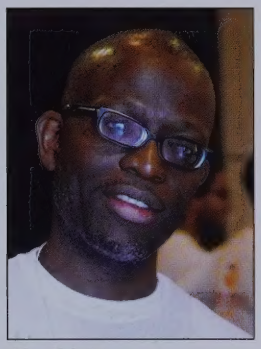
The four days were organized as follows:

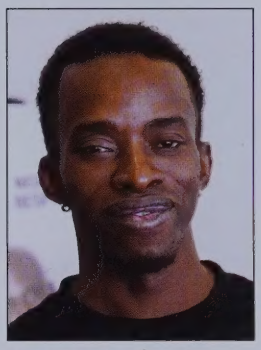
THURSDAY, MARCH 31
Registration
Opening reception
Introductions
Setting the stage

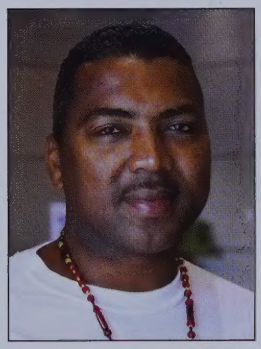
FRIDAY, APRIL 1
Morning Session:
The state of AIDS among Black MSM across the Diaspora
Afternoon Session:
Confronting stigma and discrimination that undermine HIV prevention and treatment

SATURDAY APRIL 2
Morning Session:
Interpreting, responding to, and engaging Black MSM in recent advances in biomedical HIV interventions for ourselves and our communities.
Afternoon Session:
Expanding the role of Black MSM in the 2012 AIDS International AIDS Conference in Washington, D.C.
Evening Session:
Health, wellness and self-care for Black gay men

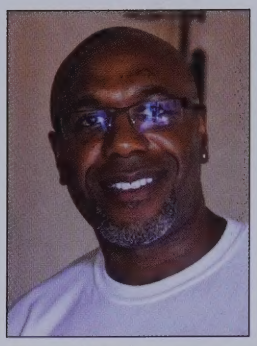
SUNDAY, APRIL 3
Morning Session:
Building and strengthening a supportive network of MSM across the African Diaspora

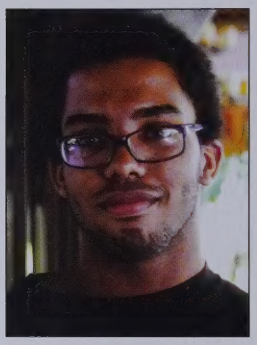

Cheikh Traore
U.S.

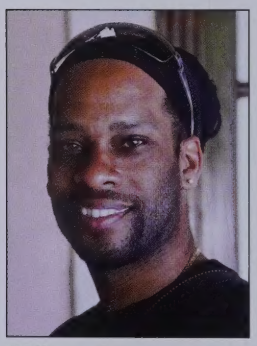

Kerwyn Jordan
Trinidad & Tobago


Kenneth Van Emden
Suriname

Key Outcomes


Glenn Singleton
U.S.


Sebastian Day
St. Lucia


William Graves
U.S.

Key outcomes of the consultation, as identified before the meeting took place, with current progress updates were:

1. Black MSM Biomedical Intervention fact sheet

This item is in development.

2. Publication of a series of articles on new bio medical interventions and Black MSM

Since the consultation, Black AIDS Institute has published six articles on PrEP, vaccines, and Treatment as Prevention in our Black AIDS Weekly. Some articles directly address Black MSM, and some address Black people generally, and MSM generally.

3. Summary report of meeting discussions, including identified priorities for AIDS 2012.

The present document was published in November 2011.

4. List of potential AIDS 2012 abstract topics

- This list was generated at the consultation. The complete list is contained in this report.
- ABDGN submitted Black MSM session which was accepted for presentation at AIDS 2012 by the Black Diaspora Symposium Working Group
- Black Diaspora Regional Session authorized by AIDS 2012 Conference Coordinating Committee in October 2011.

5. Abstract Mentoring program for AIDS 2012

Black AIDS Institute is conducting numerous AIDS 2012 abstract capacity-building activities, some of which target MSM. A schedule of future activities will be available by December 1, 2011.

6. Black AIDS Institute presentation and outreach to Black MSM at Caribbean HIV Conference in November 2011

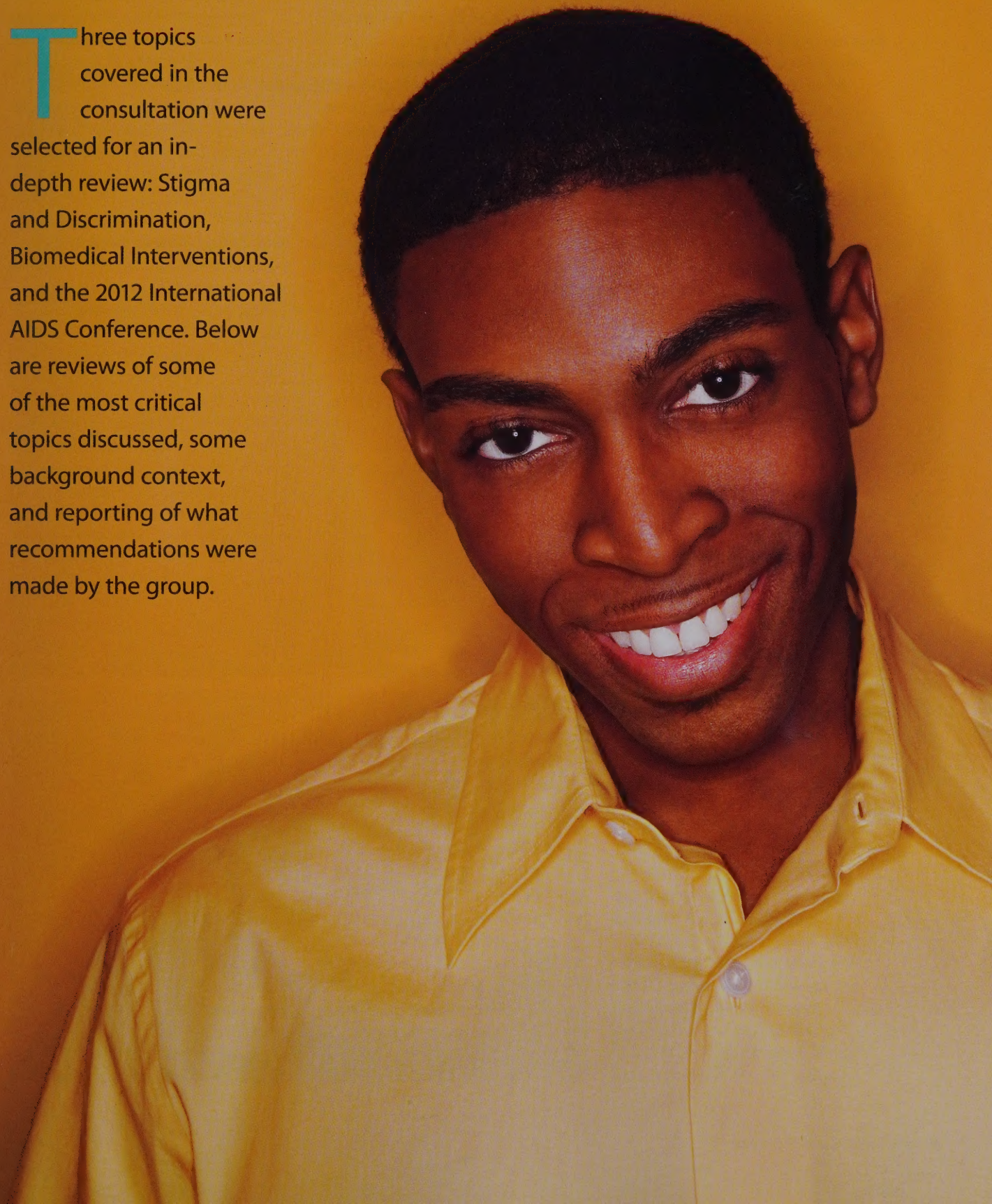
In accordance with commitments made at the consultation, The Black AIDS Institute sponsored a workshop entitled "30 years is enuf: Emerging strategies to address HIV among Black gay and bisexual men," on November 19, 2011 at the 2011 Caribbean HIV conference in the Bahamas. Nearly 75 people attended this session. The Institute also sponsored an affinity group on "AIDS 2012" at the conference. 20 people attended that session. Finally, the institute distributed draft copies of this report to gay and bisexual men in attendance at the conference.

7. Expanded internet-based networking for Black MSM from across the Black Diaspora hosted by the Black AIDS Institute

The online space of the Black Gay Men's Network, nbgmnetwork.ning.com, has grown by more than 200 members since the consultation (1,003 members at time of publication), expanding membership into all countries represented by participants in the meeting.

Special Topic Reports

Three topics covered in the consultation were selected for an in-depth review: Stigma and Discrimination, Biomedical Interventions, and the 2012 International AIDS Conference. Below are reviews of some of the most critical topics discussed, some background context, and reporting of what recommendations were made by the group.



Stigma and Discrimination: Impact on Prevention and Treatment Adherence among Black MSM

Presented by Patrick Wilson
Columbia University, Mailman School of Public Health
Reported by Craig Hutchinson

Outline

Black MSM, particularly those living with HIV or AIDS, continue to experience high levels of stigma from a range of sources, including service providers, members of their families and communities, and from within gay male communities. This session highlighted the various forms of stigma and discrimination, including AIDS-phobia and racism among MSM and homophobia in its various incarnations in the represented countries.

Background

Stigma has been associated with AIDS since the beginning of the epidemic (Parker & Aggleton, 2003). Persons with HIV have faced ostracism, discrimination, and even violence because of their health status ever since the first reported cases in the U.S. in 1981 (G Herek, 1990; Kegeles, Coates, Christopher, & Lazarus, 1989; Klitzman, 1997; Zierler, Cunningham, Andersen, Shapiro, & et al., 2000). In terms of stigma, social and behavioral scientists have conceptualized these negative reactions to people on the basis of their actual or perceived HIV status. Different researchers have emphasized different aspects of stigma but their accounts can be placed into "a definition of stigma as an enduring condition, status, or attribute that is negatively valued by society, and whose possession discredits and disadvantages its bearer" (Crocker, Major, & Steele, 1998; Goffman, 1963; G. Herek, 2002; Jones, et al., 1984; Link & Phelan, 2001). HIV/AIDS-related stigma (or more simply HIV stigma) is defined as the social devaluation of people living with HIV or AIDS (PLWHA) and those who are perceived to be HIV-infected. It is manifested in prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV and the individuals, groups, and communities with which they are associated (G. Herek, 2002; G Herek, et al., 1998; Steward, et al., 2008).

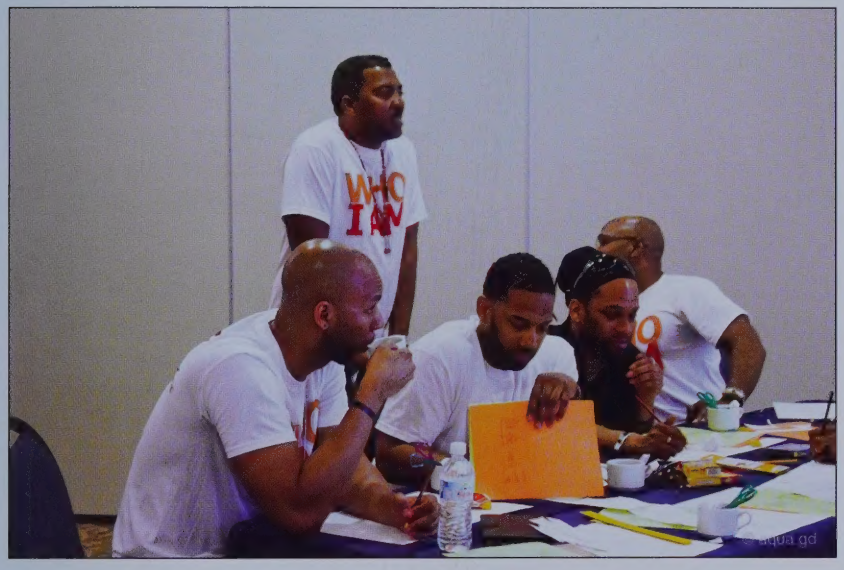
Stigma has been primarily studied in a Western context but has not been fully contextualized in the Caribbean environment. After more than two decades, we might expect HIV stigma to have diminished to undetectable levels in the Caribbean region due to adaptation of U.S. sensibilities, and close political and social ties along with regular travel between the two regions. Although negative feelings toward PLWHA and support for quarantine and other explicitly coercive government policies denying civil rights to a particular group of citizens have declined (Rutledge & Abell, 2005), much of the public still feels uncomfortable being around PLWHA, believes infection can occur through casual social contact, and feels that PLWHA deserve their illness; realities which also persist in the U.S.

Fearing stigma, many PLWHA isolate themselves from others (Derlega, Winstead, Greene, Serovich, & Elwood, 2002; Heckman, et al., 1998). Concerns about being stigmatized affect decisions to disclose one's HIV status to others. The need to hide

one's HIV status can create barriers to HIV prevention and care, which in the long-term can interfere with adherence to therapeutic regimens (Derlega, et al., 2002). AIDS stigma may deter people from being tested for HIV and from seeking information and assistance for risk reduction (Chesney & Smith, 1999).

Although the problem of stigma has been noted in empirical research, HIV stigma in the Caribbean region has rarely been a focus of empirical inquiry in its own right. Specific research on stigma is important as it not only affects the psychological well-being of individuals but also the creation of social policies for PLWHA. Little research has systemically investigated its correlates or described the social and psychological processes through which it affects its targets. What research has been published in this area suggests that stigma is associated with various problems, including symptoms of depression, anxiety, low self-esteem, and perceived lack of social support (Berger, Ferrans, & Lashley, 2001; Castro & Farmer, 2005; Lee, Kochman, & Sikkema, 2002).

In a recent article published by Mark Padilla (2010), he suggests that HIV interventions may be missing critical factors in ongoing transmission among vulnerable populations. Within the last decade in the Caribbean region, HIV/AIDS has profoundly changed the supply and demand for social services, and expectations of quality of care provided to persons with HIV/AIDS. Studies exploring the context of HIV stigma and its effects on PLWHA in ethnic minority communities in the Caribbean have found that PLWHA of color often meet with severe negative reactions. PLWHA living in the Caribbean, in particular, face vulnerability to HIV because of ineffective prevention messages, community and religious intolerance of homosexuality--a significant mode of transmission--and generalized stigma (Genrich & Brathwaite, 2005; Norman, Carr, & Jimenez, 2006). Anti-stigma campaigns tend to focus more on instrumental stigma (i.e. fear of becoming infected) and transmission myths, downplaying symbolic associations of HIV/AIDS with 'immoral', 'weak', or 'stupid' behavior by deviant subgroups. Ethnic minority men in the Caribbean may not believe HIV prevention information they are receiving, and may not perceive that the messages disseminated by the dominant society are relevant for them. Some Caribbean prevention researchers argue that innovative HIV prevention strategies must move beyond these models and address HIV-related stigma (Castro & Farmer, 2005).



In several studies, PLWHA reported a high occurrence of violence and assaults due to HIV related stigma (Carr, 2002). While recent attention has been paid to the issues of stigma, few stigma reduction interventions have been developed and tested for PLWHA living in the Caribbean. Rutledge and his colleagues (Rutledge,

Abell, Padmore, & McCann, 2008) provide a thoughtful and thorough exploration of the issues surrounding HIV prevention science for PLWHA in the Eastern Caribbean. Issues of prejudice and discrimination (Castro, Khawja, & Gonzalez-Nunez, 2007); physical violence (R. Carr, 2002; R Carr, 2003; Rutledge & Abell, 2005); gender identity (Chevannes, 2002); cultural diversity (Rutledge & Abell, 2005); masculinity (Reddock, 2004); trauma (Crawford, Allison, Zamboni, & Soto, 2002); social support (Castro & Farmer, 2005); self-hate and shame (Green, et al., 1998) are also to be considered. Darrow and colleagues (2009) found within a sample of African-American, Caribbean, Haitian, or Hispanic descent that among Black respondents, those born in the United States (33.0 percent) were significantly less likely than those from English-speaking Caribbean countries (46.5 percent) and those from Haiti (71.9 percent) to indicate two or more stigmatizing attitudes towards PLWHA.

Perspectives

Dr. Patrick Wilson from Columbia University's Mailman School of Public Health identified barriers to stigma which included: sexual orientation; race; gender identity, and HIV status. The presentation evoked questions about the stigma of dating someone who is HIV positive; the role of stigma within religion and the need for more prevention with positive individuals.

Recommendations

There is a need for broader-focused research on the different layers of stigma. The group recommended exploring internalized stigma which involves acceptance of society's negative judgments, reflected in shame or other negative affect toward the self.

Historically, the bulk of research on HIV disclosure has been conducted in AIDS populations in the U.S. (Greene, Derlega, Gust, & Petronio, 2003). Consequently, PLWHA may deprive themselves of access to needed resources, such as social support, risk reduction and thus experience psychological distress (Krain & Fitzgerald, 2005) and loss of the beneficial health effects that accompany disclosure of one's HIV status for some individuals (Cole, Kemeny, Taylor, Visscher, & Fahey, 1996). Therefore, the group suggested the investigation of disclosure of one's HIV status on demographic forms which may result in breach of confidentiality. Some researchers have recommended under the ethical principle of beneficence defined in the Belmont Report that disclosure of HIV status should be through voluntary counseling and testing; however, demographic forms should not specify HIV status (Gray, et al., 2006).

The Internet has become a remarkable dating tool used to find love, companionship and sex. The group suggested exploring how some harmful language in personal ads (e.g. Adam4Adam, BGC Live, and Craiglist.org) may be linked to the stigma of disclosure of a person's HIV status among Black MSM. Research has shown the anonymity of online communication may make it easier to disclose HIV status or discuss safer sex and condom use before meeting in person. A study of Latino MSM found they were significantly more likely to engage in sexual negotiation and sero-status disclosure on the Internet than in person (Carballo-Diéguez, Mine, Dolezal, Rosser, & Jacoby, 2006). For HIV positive persons, disclosing HIV status online also helps avoid abuse, discrimination or rejection by partners (Davis. M, Hart, Bolding, Sherr, & Elford, 2006).

Lastly, the group suggested providing tools and resources for navigation on sero-sorting in multiple contexts such as long term relationships versus hook-ups, and also the risks for transmitting other STDs.

New HIV Prevention Technologies: PrEP and Black MSM

Presented by David Malebranche
Emory University School of Medicine
Reported by Craig Hutchinson

Outline

The use of antiretroviral drugs among non HIV-infected persons has recently been demonstrated to provide some protection against HIV infection among MSM; it is known as pre-exposure prophylaxis, or PrEP. In the U.S., the CDC, has released provisional guidelines for the use of some HIV antiretroviral medications as a preventive agent for MSM. However, the practicality of PrEP, both on an individual and system level, remains a major question. This presentation focused on the prospective benefits and challenges of PrEP roll-out for Black MSM, and offered some new perspectives on how to discuss it in participants' constituent communities.

Background

Oral PrEP trials are testing either tenofovir disoproxil fumarate (TDF), sometimes called simply "tenofovir," or a combination of TDF plus emtricitabine (FTC). TDF is marketed under the name Viread, and TDF/FTC is marketed under the name Truvada. Both drugs are manufactured by Gilead Sciences, Inc. The daily use of TDF/FTC was found to decrease HIV-1 acquisition with acceptable safety and tolerability characteristics in an international cohort of 2,499 HIV-1-uninfected MSM who received enhanced behavioral prevention interventions, including monthly counseling and biannual STD screening (Grant RM & Team., 2010). However, data are available on less than 50 Black MSM who participated in the iPrEx study among close to 250 MSM who participated in the study in San Francisco and Boston, despite their disproportionate HIV and STD prevalence and incidence (Millett, Wolitski, Stall, & Peterson, 2006), being associated with more than ¼ of the new HIV infections in the U.S. (Aron J. Hall et al., 2008). Questions about the long term effectiveness of PrEP in this population include the need to understand which at-risk Black MSM are amenable to using antiretroviral chemoprophylaxis, and whether their adherence and side effect profiles differ from other MSM of different racial and ethnic backgrounds.

Implications

Dr. David Malebranche from Emory University School of Medicine explained the need to keep the findings of this study within context. Further investigation of the influence of socio-cultural contexts; racial differences in sexual behavior and health-care behavior, combined with markers for risk (e.g., SES), do not answer the larger social issues that drive racial disparity in the prevalence of HIV.

PrEP is a novel biomedical strategy being investigated for HIV prevention among diverse high-risk populations worldwide. Two completed clinical trials have demonstrated partial efficacy of

PrEP in decreasing HIV risk but what are the implications of PrEP as an emerging HIV prevention strategy?

Dr. Malebranche concluded that we need to be careful with overreaching conclusions. It the study he discussed, he acknowledged that 03 percent vs. 05 percent is, in fact, statistically significant. If the number of infections in the group that received PrEP plus the standard prevention package is significantly lower than the number of infections in the group that received the placebo plus standard prevention, then this can be an indication that PrEP helps reduce the risk of HIV infection. The term statistically significant describes a finding - like a difference in HIV-infection rates between two groups - that is too great to be explained by chance. But, as Dr. Malebranche explained, this may not mean that PrEP effectiveness is clinically significant, in that it produces similar results in a real-world setting as it did in the research trials.

While PrEP has the potential to help revolutionize HIV prevention, creating an imperative for widespread implementation will require further research. Research supports the efficacy of these strategies in reducing rates of HIV infection. However, in the U.S. and worldwide, there are significant social, religious, cultural, financial, and political barriers that continue to impede the widespread implementation of evidenced-based HIV prevention and treatment programs at the scale needed.

Other major practical considerations, particularly with Black MSM include adherence issues, discrimination (racial, sexual, gender, class), poverty, mental health, and substance use. In addition, Black MSM's relationship with the health care system must be taken into account.

"I treat this group as a fraternity. We share specific bonds, personally and professionally, and I take each task afforded to be me, seriously. I applaud the brotherhood in all that they do. I am proud to be a member and I look forward to my consistent involvement in the years to come."
—Darren

New Prevention Technologies: Vaccine and Other Investigational NPTs

Presented by
Prince Bahati, International AIDS Vaccine Initiative
Damon Humes, Legacy Project (NIAID)
Paris Mullen, Legacy Project (NIAID)
Reported by Craig Hutchinson

Outline

The past 18 months have witnessed exceptional advances in biomedical HIV intervention technologies, principally in the areas of vaccine, microbicidal gels, and treatment as prevention. The Thai Phase III HIV vaccine clinical trial, also known as RV144, showed that the prime-boost regimen provided 31.2 percent protection against HIV infection—the first evidence of vaccine-induced protection. Evidence of such protection in Black and/or MSM populations is yet to be demonstrated. In recent years, researchers have succeeded in isolating large numbers of broadly neutralizing (from chronically HIV-infected volunteers including persons of African descent) antibodies that are extremely broad and potent (up to 100 times more potent than the original handful of neutralizing antibodies) paving the way for the design of more efficacious AIDS vaccines.. The CAPRISA 004 Phase IIb microbicide trial of 1 percent tenofovir gel, which was tested in 889 South African women, showed overall, there were 39 percent fewer infections among women who received 1 percent tenofovir gel compared to women who received the placebo gel. Early studies of rectal microbicides hold promise as well. The early treatment of persons living with HIV in discordant relationships has also emerged as an important mechanism for control of the epidemic. Presenters discussed the various results and on-going studies on new prevention technologies and what their implications may be for Black MSM in North America and the Caribbean.

Background

In 2007 the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported a lower estimated number of persons living with HIV/AIDS than in previous years. However, the difference in the estimates resulted from changes in methods used in formulating estimates, not trends in the epidemic itself. In December 2007, UNAIDS estimated that 33.2 million people were living with HIV/AIDS globally. The 2007 global incidence was estimated to be 2.5 million new cases. The estimated number of deaths due to AIDS in 2007 was 2.1 million worldwide (UNAIDS/WHO, 2007). The number of people living with HIV continues to grow due to longer life expectancy from improved access to antiretroviral medications.

On the basis of results from the STEP Study, first reported in 2007, HVTN 505 enrolled a study population comprising U.S. MSM. The current status of the HIV epidemic among MSM in the U.S., therefore, is directly relevant to HVTN 505. The U.S. HIV prevalence data reported in October 2008 by the CDC are based on data gathered in 2006 (Morbidity and Mortality Weekly Report, 2008). This report estimated that 1.1 million adults and adolescents were living with diagnosed or undiagnosed HIV infection in the U.S. at the end of 2006. Nearly half of all U.S. HIV infections were in MSM. Diagnoses of HIV/AIDS among MSM increased 11 percent from 2001 through 2005, although it is not certain if this increase is due to more testing or to actual increased incidence (Center for Disease Control and Prevention, 2007). A study conducted in June 2004 – April 2005 in 5 large U.S. cities found HIV prevalence among Black MSM was 46 percent and among white MSM was 21 percent (Morbidity and

Ivan Cruickshank
Jamaica

Mortality Weekly Report, 2005).

Given the difficulty of maintaining behaviors that prevent HIV transmission over a lifetime and the occurrence of non-consensual sex, the need for a safe and effective vaccine was clear. Models predict that a vaccine that does not prevent infection but reduces viral load and therefore, inhibited disease progression and transmission rates would also have a significant impact on the HIV epidemic. Implementation of a disease-modifying vaccine strategy would present unique challenges and would need to be part of a comprehensive multi-modality HIV-prevention program (Johnston & Fauci, 2007). Multi-modality prevention, or "combination prevention," is an important public health goal and current investigation approaches include improved strategies for testing and risk reduction counseling, better access to antiretroviral treatment, circumcision, pre- and post-exposure-prophylaxis (PrEP and PEP), development of topical microbicides that would inhibit transmission across mucosal surfaces, and reduction in outbreaks of concomitant sexually transmitted diseases that increase the risk of HIV transmission (Coates, Richter, & Caceres, 2008; Cohen, 2005; Ickovics, 2008).

Barriers

During a previous institute hosted by the Legacy Project, a national initiative housed within the Office of HIV/AIDS Network Coordination (HANC), participants developed culturally specific strategies that would overcome challenges in recruiting and retaining Black gay men in HIV clinical research. The identified barriers included, but were not limited to: mistrust, language/research literacy, safety, awareness of studies, marketing, cultural competence of staff, ineligibility, vaccine induced sero-positivity (VISP), citizenship, support/stability, and incentives.

Recommendations

As a part of this session, participants were split up into

small groups to discuss identified barriers to vaccine research among Black MSM, and suggest possible solutions to mitigating those barriers to improve Black MSM participation in HIV vaccine clinical trials.

Vaccine-induced sero-positivity (VISP)

VISP refers to the physiological possibility that after receiving an HIV vaccine, a person may test positive for HIV-related antibodies, while not actually being HIV-positive. It has been suggested that persons may experience discrimination based on a reactive HIV test, even if it is inaccurate, thus creating a barrier to participation in vaccine trials.

- Educate providers and participants about how HIV testing works and what the immune response can do in an antibody test
- Risk Reduction Counseling, protection and assurance for participants.
- Empower participants and advocates with tools and skills (including cultural competency, congruency with the population), to more fully explain VISP and counsel on strategies to mitigate its impact, should it occur.
- Develop public health mechanisms to clarify possible VISP in medical records of persons who participate in vaccine trials.

Citizenship Questions

While the United States has recently lifted its ban on persons living with HIV or AIDS entering the country, there are still some nations which restrict entry of HIV-positive persons or have discriminatory policies against immigrants living with HIV that may impact participation in AIDS vaccine clinical trials. Because of the possibility of VISP, concerns about consequent mobility restrictions—based on a false positive test result—for trial participants have been raised.

According to the International AIDS Society, as of October 2011, Bahamas was the only country in the Western Hemisphere with an immigration ban for people living with HIV or AIDS (though it is noted that this ban is not typically enforced), while the following Caribbean region nations have some type of restrictions on length of stay for PLWHA: Cuba, Dominican Republic, Nicaragua, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Turks and Caicos Islands, and Virgin Islands.

- Provide assurances of immigration protections and human rights in clinical trials
- Create hospitable and friendly environment to immigrants (involve community leaders that are trusted)
- Establish policies around deportation management

Support Needs

A lack of social support for trial participants was identified as a barrier. Group members suggested that programs be developed to create a

social and cultural understanding of how people who participate in clinical trials are playing a vital role in their communities, and should be acknowledged somehow.

- Create broader immediate networks around participants
- Cultivate a narrative of heroism around trial participation
- Accentuate that this is part of a comprehensive prevention approach
- Providing optional tools to translate the study to "people that matter" in the participant's life.

Mistrust

It is common among Black people broadly to have less trust in the intentions of researchers and healthcare systems to deliver quality care in a respectful manner than whites. This barrier is associated with experiences like the Tuskegee Experiment.

- Identify local Black community-based researchers/HCPs to educate Black MSM about expectations in clinical trials participation
- Describe the benefits and how to advocate for themselves/ navigate healthcare system
- Trial communications need to be culturally specific (language, literacy)

Insufficient Information

Black MSM identified insufficient detail in initial information available about trial participation as a barrier. They suggested that when complete information about eligibility requirements, trial design, and participant time commitment is not available at first contact, it discourages men from further exploring participation.

- Provide more background information around clinic trials
- Provide more basic information about entry criteria up front, and combine with ineligibility triggers
- If ineligible, provide referrals for the healthcare issues that made them ineligible
- Educate on the details, objectives, confidentiality and risks of vaccine trials

Language, Research Literacy, Marketing

Pervasive "clinical" and technical language in trial marketing materials and verbal descriptions was also indicated as a potential barrier for some Black MSM. Adult Black men often have had less lifetime education than their white counterparts, which might lead them to self-selecting out of situations they feel ill-prepared to fully understand.

- Using 'lay' language and bullet points to explain the study, how the results will be used, and in the reporting of results
- Using community activist/ peer models to educate promote and inform, versus clinicians
- Continuously building and sharing promotional materials of the study before, during and after throughout the community
- Marketing materials should be distributed at community venues such as nightclubs
- Use social media such as Twitter and Facebook to market studies

Safety

While there are significant protections in place for participants in all clinical trials—in large part as a result of past trespasses against Black people by medical research entities—it was suggested that these protections, along with clear information about the safety of the investigational agent have not always been made obvious at initial contact with potential trial participants, or that they have not been communicated in a manner which engenders trust on behalf of the potential participant.

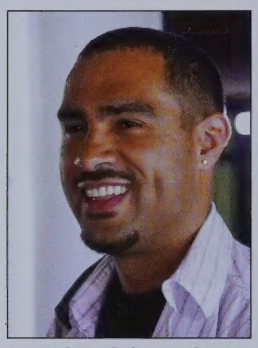
- Ensure that the target audience is reflected at least partially in the trial/clinic staffing
- Offer services and support (mental, physical, medical, etc.) before, during and after, and make it known
- Create safe space (physical and environmental)
- Reinforce the confidentiality of the study.

Adequate Incentives

Prior research by the HIV Vaccine Trials Network had uncovered insufficient incentives as a potential barrier to participation. The group discussed this and offered suggestions on how to build new incentive frameworks.

- Provide adequate compensation for what we're asking the participants to do
- Individual considerations of incentives for participants (like day care for people with children)
- Offer a menu of incentives based on what community says they need most
- Provide housing as incentive (drug recovery model)
- Provide cell phones (pre paid)

Caleb Orozco
Belize



David Malebranche
U.S.

Jaevion Nelson
Jamaica

2012 International AIDS Conference Strategy Session

Presented by
Phill Wilson, Black AIDS Institute
Kwaku Adomako, African/Black Diaspora Global Network on HIV/AIDS
David Malebranche, Emory University School of Medicine

Outline

MSM, particularly Black MSM, have been underrepresented in recent International AIDS Conferences, while continuing to experience high levels of prevalence and discrimination. With the conference's return to the United States for the first time in more than 20 years in 2012, it is imperative that Black MSM advocates develop and execute a coordinated strategy to ensure the adequate representation and meaningful inclusion of Black MSM in the conference content and outcomes. In the first half of this session we reviewed the governance structure of the International AIDS Conference, highlighting opportunities for influence, and existing Black MSM leadership. The structure of the conference itself was also discussed, including the various abstract-driven tracks, the Global Village, media involvement, and satellites.

The second half of this session focused on successful abstract development and other opportunities for inclusion in the official program of the International AIDS Conference (AIDS 2012). The presenters facilitated a discussion of abstract topics participants would like to see pursued. A variety of structures exist within the conference for topics to be addressed, such as abstract-driven oral and poster presentations, special sessions, plenary sessions, symposia, workshops, Global Village workshops and presentations, and satellite meetings, among others. Participants were not able to drill down to the type of session they wanted to see topics associated with, but they did offer a list of key topics important to Black MSM, that they would like to see covered in some way at the conference.

Background

The International AIDS Society (IAS) is the custodian of the International AIDS Conference, the largest regular conference on any health or development issue. These conferences provide a forum for the interaction of science, community, and leadership, and are claimed to strengthen an evidence-based policy and programmatic response to the epidemic. The conferences also provide an opportunity to intensify political and financial commitments to AIDS, and include the largest international conference scholarship program in HIV/AIDS. These conferences started in 1985 in Atlanta, Georgia. They were held annually until 1994 when they became biennial. The next International AIDS Conference is scheduled for 2012 in Washington, DC.

Topic Suggestions

Black gay men in the Diaspora

Faith, spirituality and Black MSM

Resilience of Black Gay Men
How resilience is associated with physical health outcomes (e.g., HIV risk, etc.)?

Black Gay Relationships
How easy or difficult is it for Black gay men to maintain and sustain healthy relationships

Mobilization
Increased success in community activism and mobilization in different communities

Abstract submission
- Youth abstracts (e.g. HIV+ youth)
- Faith-based organizations
- Transgender
- Prison
- Advocacy
- Biomedical

In addition to articulating specific topics, participants agreed that physical participation in the conference by a large number of Black MSM from across the Diaspora was of critical importance. The group understood that almost everything covered at AIDS 2012 would bear some relevance to Black MSM, and that increasing the number of Black MSM exposed to the information, and engaged with the global research and advocacy community present at the conference should be a primary goal for their community. Below are a set of recommendations for increasing the number and quality of participation by a broad array of Black MSM.

Recommen-dations

Use Facebook /Twitter to advertise sessions on Black MSM

Black or African Diaspora stream guide or map of all the session on Black MSM

Collaborate with the Global Forum on MSM and HIV (MSMGF)

Conduct a two-day pre-conference to translate sessions into lay terms

Presentation on Black MSM across regions

Lobby state/local government to fund conference scholarships

Nominate plenary speakers

Young MSM presentation

Presence of BGM as target population

Support Black MSM in scholarship application development

Use of conference hubs to increase access to conference

Housing
- Communicate with Black gay men in DC-area hotel management
- Organize Black MSM in DC area to open their homes to other Black MSM during the conference
- Explore the use of campus housing, such as at Howard University

Abstract review committee

A session with Black MSM researchers

Full page advertisement welcoming the IAS in newspapers with significant Black MSM readership

Support for writing abstracts and poster creation by Black MSM

Concept paper on the importance of IAS

Epidemiology across the Diaspora

Ensure Black gay session heard by larger communities; strategies to engage influential folk:
- U.S. plenary speaker: Black Gay Man
- Opening: Black Gay Man
- Host conference event for Black gay men

Emphasis on Caribbean and Afro-Latinos

Assistance on abstracts from Caribbean organizations

Webinar training sessions: abstracts, submission, presentation

Plenary: U.S., Caribbean, Africa, human rights

Sponsor an International House Ball event

WHO I AM

Recommendations

Based on the dialogue which took place at this consultation, and the environmental factors which exist here at the end of 2011, Black AIDS Institute and the African/Black Diaspora Global Network on HIV/AIDS make the following recommendations:

1. Gay and bisexual men from across the Black Diaspora have many shared experiences, not the least of which is an extreme HIV burden. If we are going to turn the tide on the HIV/AIDS crisis among Black gay men around the world, Black gay men from diverse settings and backgrounds must be connected, and positioned to lead in the development and implementation of solutions.

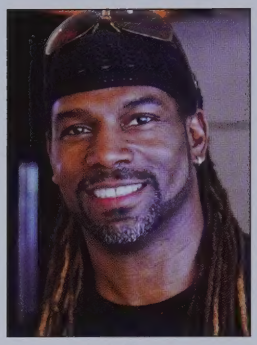
2. Throughout the Black Diaspora, MSM experience severe stigma related to their sexuality. This is often compounded by HIV-related stigma. These and other stigmas complicate efforts to reach Black MSM and to effectively intervene to prevent and treat HIV among them. Aggressive efforts must be undertaken to respond to and undermine gay and HIV-related stigma in Black communities across the Diaspora. These initiatives should involve civil society institutions, government, business, and, most importantly, Black gay men.

3. We now know that, for HIV, treatment is prevention. For extreme-burden groups likes Black MSM, treatment access must be universal, in all nations. Treatment on demand for sero-discordant couples will provide an important protection for some Black MSM. While all sexual partners of HIV-positive persons experience a protective benefit when they are virally suppressed, no matter what, the lives of Black gay men are worth saving. Treatment as prevention and treatment as treatment must both be available to Black MSM when and where they want and need them.

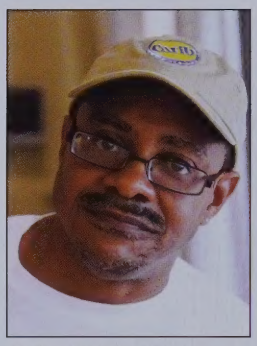
Conclusion and Next Steps

Based on the feedback of participants and outcomes achieved, it is clear that a meaningful experience was had by all. The men were able to network with colleagues whom they otherwise would not likely have met, and to engage each other in a critical international dialogue. Together, the participants identified priorities for AIDS 2012 and AIDS vaccine clinical trials. Having Black gay men bring the science of biomedical HIV prevention to other Black gay men was transformative for many who were there. As indicated in the survey responses for each session, the safe and challenging space provided by the character of this consultation allowed a collective voice to arise among men who were willing to learn from each other, and to push one another. Because of this consultation, Black MSM in North America and the Caribbean Region are in a better position to effectively advocate on their issues, and for progress to be made towards ending AIDS in their communities.

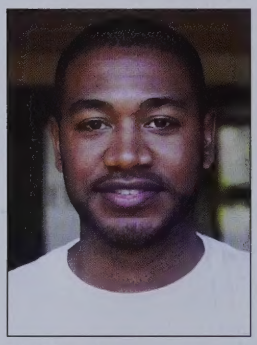
One example of this enhanced positioning was a recent development in Washington. In October 2011 the AIDS 2012 Conference Coordinating Committee (CCC) met in Washington, DC to make a number of key decisions related to AIDS 2012 programming. As part of a broader advocacy strategy, ABDGN sent a letter to the CCC outlining a series of recommendations (including the need for a Black Diaspora Regional Working Group) to ensure greater involvement and participation of African/Black Diaspora populations in the conference content, planning and implementation. In their meeting, the CCC approved the



Darren Wells
U.S.



Colin Robinson
Trinidad & Tobago



Kali Lindsey
U.S.

creation and support of an official Black Diaspora Regional Working Group, a first in the history of the International AIDS Conferences, and a major victory for Black MSM. This means that for the conference, the African Diaspora has been elevated to a "regional" status. Regions are incorporated into the official conference program by way of special sessions, networking zones, and other activities.

While their tenure predates the consultation, Black MSM's voices at AIDS 2012 should be amplified by the fact that two HIV-positive American MSM of color sit on the Conference Coordinating Committee (Phill Wilson, and David Ernesto Munar of AIDS Foundation of Chicago), while Jesse Milan, Jr. (Black AIDS Institute's Board Chair Emeritus and a Black gay man living with HIV) sits on the Leadership and Accountability Programme Committee, which is co-chaired by Chris Collins of amFAR, also a gay man. Additionally, Marcus Day, a fierce advocate for the Caribbean, and regional ally of Black gay men, sits on the CCC. The MSM Global Forum has confirmed they will be hosting a MSM pre-conference in Washington, ahead of AIDS 2012. This will surely provide another opportunity for Black MSM to connect, lift their voices, and move forward.

As indicated above, we have made some progress on the identified outcomes of the consultation. Over the next year the Black Gay Men's Network, the African and Black Diaspora Global Network on HIV/AIDS, and the Black AIDS Institute will be working to ensure that Black MSM are a part of the biomedical HIV prevention conversation (and beneficiaries of any new developments), are actively engaged in every aspect of the International AIDS Conference, and continue developing a global community of Black MSM supporting one another with a view to ending the AIDS epidemic, and the devastation it has laid among Black people around the world. After 30 years, we now have the tools to end AIDS. The question is: "Will we wield them with all the boldness, dignity, and inclusivity required to make them work?" We assert that without the broad engagement and investment of Black MSM around the world in the business of ending the AIDS epidemic, we won't make it to the finish line anytime soon, and we will continue to get sick, and to die, needlessly.

In April 2012 the second Black Diaspora MSM Consultation will be held, again in the Dominican Republic. Being that it will be held just 3 months before AIDS 2012, a focus of the consultation will be final strategizing for Black MSM activities at the conference. In addition to the Consultation in Punta Cana, for three days prior, consultation participants will stay in Santo Domingo, where they will visit and volunteer with local HIV and LGBT organizations. More details, as well as registration information, can be found at: www.thebgmnetwork.com.

Participant Feedback

Evaluation methodology. Participants were asked to complete surveys after each session in which they assess the effectiveness of the presenters and the session content. For sessions which feedback was provided, presenter assessment summary scores and key narrative feedback is provided.

Session 1: The State of AIDS Among Black MSM in North America and the Caribbean

Presenters:
Kwaku Adomako, ABDGN, Canada
Ian McKnight, Caribbean Vulnerable Communities, Caribbean
Gary Daffin, Multicultural AIDS Coalition, U.S.

Facilitator:
Chris Bland, Black AIDS Institute, U.S.

Summary:
HIV/AIDS is a public health emergency for Black MSM all over the world. There are critical differences and similarities in the epidemics in the United States, Canada, and around the Caribbean. Presenters will discuss the epidemiology of HIV/AIDS, the government and civil society responses, and key successes and opportunities for development in controlling HIV/AIDS among Black MSM.

Participant Feedback:

Presenters

Excellent	Good	Fair	Poor
43%	50%	6%	<1%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
3%	38%	59%

In what ways was the discussion helpful?
- Relevant to our daily lives. Real. Down to earth.
- I was not well educated about the HIV epidemic in the Carib…it was enlightening.
- Some ideas and practices that I can take back to my community. Great knowledge about Caribbean data.
- Sharing of info with our global north colleagues on the situation in the Carib, sets the stage for future collaborative work.
- It proved essential in recognizing the challenges across the region. Data specific to MSM proving the most impactful of all.

What information/topics would have been more helpful for you?
- Disaggregated data (top/bottom, bisexual, race)
- A deeper dive into the facilitators of HIV vulnerability among MSM evidenced by epidemiology
- More info for non-HIV professionals to take back. Need info beyond numbers.
- Specific actions I can take to engage men in my community back home.
- Integration of ART/VCT into health seeking behaviors among vulnerable populations and/or how/what do we need to do to encourage and impact.

What have you learned in this session that you will think about and share with others?
- The importance of collaborative strategies that work to engage govt's by way of advocacy and petitioning for law reform in addition to programmatic interventions such as increasing HIV testing
- Lots! Similar experiences, variance in experiences. Commonality in the solution—it really needs to be a multi-faceted single solution.
- I'm thinking how to have the

"Great mix of making new friends and reconnecting with old ones. But more importantly, the opportunity to take some time off from my regular routine, and share experiences with some very special people. We all returned home, but the bonds remain." —Nigel Mathlin

churches in Brooklyn become hospitable testing centers.

What recommendations do you have related to this session's topic?
- High-level consultations/ meeting dealing specifically w/ issues/research needs of Black MSM
- Identifying at least 3 immediate and time bound "next steps"
- Prioritizing legal reform network and resources to engage 'lay' support and mobilize strategic collaborations (faith based, parents and friends, etc.)

Session 2a: Stigma and Discrimination: Impact on Prevention, Treatment Adherence among Black MSM (Detailed discussion included)

Facilitator:
Patrick Wilson, Columbia University

Summary:
Black MSM, particularly those living with HIV or AIDS, continue to experience high levels of stigma from a range of sources, including service providers, members of their families and communities, and within gay male communities. This session will highlight the various forms of stigma and discrimination, including AIDS-phobia and racism among MSM and homophobia in its various incarnations in the represented countries.

Participant Feedback:
Presenters

Excellent	Good	Fair	Poor
51%	40%	8%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
7%	20%	73%

In what ways was the discussion helpful?
- Broadened transnational conversation on topic
- Layered stigmas! Listening to participants view/experience of stigma
- This session allowed the group to learn a little more about one another. I really appreciated this session.
- Great presentation of narrative and definitions related to stigma/ stigmatization

What information/topics would have been more helpful for you?
- The link between religion and stigma could have been explored in greater detail
- Masculinity
- I want to learn more about trans[gender issues]
- Migration and stigma
- Recommendations for coping with stigma including policy recommendations. Deeper dive into internalized stigma.
- The information was sufficient and substantive. Most of all it was extremely helpful.

What have you learned in this session that you will think about and share with others?
- We are not alone.
- The value of sharing personal stories as learning opportunity
- The need to address stigma and discrimination in all its layered forms.

What recommendations do you have related to this session's topic?
- More focused discussion rather than individual sharing

- Smaller groups to increase dialogue
- More discussion time to unpack the "layers" connected with stigmatization.

Any additional comments?
- Excellent session that should be a staple part of the BGM curriculum.

Session 2b: Homosexuality and Spirituality: Can They Co-exist?

Presenter:
Rev. Howard K. Williams, BGMN Member
(Alternate Presenter)

Summary:
The purpose of this seminar explores homosexuality in its relationship to the Divine. This discussion will stimulate the participants to consider a broader view of God and his love for all humanity. This conversation may include specific discussion of scriptural passages which seem to condemn homosexuality, explanation of a greater understanding of Spirit and personal stories related to the topic.

Participant Feedback:

Presenter

Excellent	Good	Fair	Poor
66%	30%	6%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
0%	55%	45%

In what ways was the discussion helpful?
- Very participatory
- Sharing different views on spirituality and beginning the discussion on interpretation of scripture
- The presenter was very knowledgeable and efficient
- There is a need to build a dialogue between the gay and religious communities

What information/topics would have been more helpful for you?
- What do we do to concretely combat the religious right wing fundamentalist movement in Africa and the Carib?
- "Interpreting the Bible" handouts

What have you learned in this session that you will think about and share with others?
- Religion is the biggest stumbling block for the success of our work
- Engaging dialogue with traditional opponents

What recommendations do you have related to this session's topic?
- This topic is critical to us as MSM/ more needs to be done

Any additional comments?
- Workshop needed more time
- Great job facilitating the session despite having limited time to prepare
- We need to invite MCC and other gay churches

Session 3a: Health and Self-Care for Black Gay Men

Presenter:
Colin Robinson, Coalition Advocating for Inclusion of Sexual Orientation

Summary:
This workshop will address a practical and holistic approach to Black Gay men's health. It will address various self-care and healing modalities from a spiritual, emotional, psychological and physical perspective.

Participant Feedback:
Data not available for this session.

Session 3b: Sex & Spirituality

Presenter:
Jerome Braggs, BGMN

Summary:
The purpose of this seminar is to facilitate a discussion that explores the concept of sex as both a physical act and spiritual gift from the Divine. This will include discussion about sexual and emotional intimacy, human touch, and if "making love" is a suitable description of this gift.

Session cancelled due to presenter absence.

Session 4: New Prevention Technologies: PrEP and Black MSM (Detailed discussion included)

Presenter:
David Malebrance, MD, Emory University School of Medicine

Summary:
Pre-exposure prophylaxis has emerged as recently been demonstrated to provide some protection against HIV infection among MSM. In the U.S., the Centers for Disease Control and Prevention, has released provisional guidelines for the use of some HIV antiretroviral medications as a preventive agent for MSM. However, the practicality of PrEP,

both on an individual and system level, remains a major question. This presentation focuses on the prospective benefits and challenges of PrEP roll-out for Black MSM, and offers some new perspectives on how to discuss it in participants' constituent communities.

Participant Feedback:

Presenter

Excellent	Good	Fair	Poor
88%	12%	0%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
0%	17%	83%

In what ways was the discussion helpful?
- It highlighted structural issues in the Carib region along with gaps in targeting prevention services
- I came into the session totally ignorant. Now I am not.
- AWESOME!!!
- Presenter was able to simplify the topic for the laymen
- Key issues affecting Black MSM that may impact access to prep
- More granular info about iPrEx results
- Developed a better appreciation of the current science behind prep
- I had limited knowledge of prep and as an HIV worker focused on BMSM this was a great crash course in this new potential tool

What information/topics would have been more helpful for you?
- On target, but would have been good to see if any case study to see what happens in small countries
- More info specific to US AA MSM
- Some of the inter-relationship issues between prep and other tools
- A handout would've been helpful
- I would've liked to hear more about the creator of these drugs

What have you learned in this session that you will think about and share with others?
- What the barriers could be, not using it properly
- Certain statistics; and Gilead's responsibility to the trial
- In-depth info about trial
- Bullet points already shared online and now I am already receiving questions and requests
- Practical implications for community implementation
- The response from the group was informative
- I will utilize handout to help facilitate discussion w/ friends regarding emerging technologies
- Definitely expressing the impact of what "is not said" to assuage the potential mishopes/ misperceptions the regional community may have

What recommendations do you have related to this session's topic?
- Integrate the Caribbean in presentations and perspective
- Pricing and cost of prep
- Plans for demonstration projects
- That this type of presentation be made at ASOs in all the regions

Session 5: New Prevention Technologies: Vaccines and Other Investigational NPTs (Detailed discussion included)

Presenters:
Prince Bahati, International AIDS Vaccine Initiative
Damon Humes and Paris Mullen, Legacy Project

Summary:
The past 18 months have witnessed exceptional advances in biomedical HIV intervention technologies, principally in the areas of vaccine, microbicidal gels, and treatment as prevention. Researchers have discovered broadly-neutralizing antibodies in the search for an AIDS vaccine, representing arguably the largest step forward for vaccine research yet. A microbicidal gel was shown to be partially effective in preventing HIV acquisition vaginally; with implications for rectal application. The aggressive treatment of persons living with HIV has also emerged as an important mechanism for control of the epidemic on a population level. Presenters will discuss the various new prevention technologies and what their implications may be for Black MSM in North America and the Caribbean.

Participant Feedback:

Presenters

Excellent	Good	Fair	Poor
50%	47%	3%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
4%	26%	70%

In what ways was the discussion helpful?
- Discussion of procedure for clinical trials and also specific info relating to this trial
- Developed a better appreciation of the current science behind vaccines/microbicides
- Group discussions were productive and covered quite a few topics including the marketing of treatments for BMSM
- The group work was the best

thing about the workshop (barriers)
- Good to see the barriers

What information/topics would have been more helpful for you?
- It would have been helpful to share existing models or successful strategies that have helped overcome barriers instead of starting with barriers. It starts on a more positive note.
- More info on how vaccine trials work
- Caribbean research potentials
- More time to talk about barriers in order that small group conversations could have been richer
- Case studies of small countries

What have you learned in this session that you will think about and share with others?
- Thinking ahead to implications and possible integration into Carib health care
- About challenges with Black MSM communities

What recommendations do you have related to this session's topic?
- Look at how studies in south are proceeded by challenges/barriers in those contexts
- A more basic overview of vaccine research. I don't think the audience had enough background info
- More discussion of the issue of testing HIV positive in a trial

Any additional comments?
- Breakout discussions were excellent—good way to flesh out issues
- The clinical trials more than often don't reach Caribbean MSM and such limit our participation

Session 6a & 7a: 2012 International AIDS Conference Strategy, Parts 1 and 2 (Detailed discussion included)

Presenters:
Phill Wilson
Kwaku Adomako
David Malebranche

Summary:
MSM, particularly Black MSM, have been underrepresented in recent International AIDS Conferences while continuing to experience high levels of prevalence and discrimination. With the conference's return to the United States for the first time in more than 20 years in 2012, it is imperative that Black MSM advocates develop and execute a coordinated strategy to ensure the adequate representation and meaningful inclusion of Black MSM in the conference content and outcomes. In the first half of this session we will review the governance structure of the International AIDS Conference, highlighting opportunities for influence, and existing Black MSM leadership. The structure of the conference itself will also be discussed, including the various abstract-driven tracks, the Global Village, media involvement, and satellites.

The second half of this session will focus on successful abstract development and other opportunities for inclusion in the official program of the International AIDS Conference. The presenters will facilitate a discussion of abstract topics participants would like to see pursued. Participants and presenters will develop a foundational framework for moving this work forward after this meeting, over the next 16 months.

Participant Feedback:

Presenters

Excellent	Good	Fair	Poor
50%	50%	0%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
0%	66%	33%

In what ways was the discussion helpful?
- The discussion and participation; having a vision of policy investment and mobilization of more participants
- It was good to hear ideas re: what people want to see presented at the conference
- Information on how to impact the conference

What information/topics would have been more helpful for you?

- A more structured approach

What have you learned in this session that you will think about and share with others?
- Ways to advocate to make sure Black gay men's perspectives are a part of the conference

What recommendations do you have related to this session's topic?
- Seems there could be a written brief on these issues written prior to ground for people who are not expert in subject matter.

Session 6b: The "I" in Relationships: How Being Self-Centered Builds Great Relationships

Presenter:
Darren Wells, BGMN (Alternate Presenter)

Summary:
Discussion of the importance of and how to make your own desires and needs your priority and ways

to communicate this to your partner, how this helps to build and sustain more open, honest, loving relationships.

Participant Feedback:

Presenter

Excellent	Good	Fair	Poor
77%	19%	4%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
0%	15%	85%

In what ways was the discussion helpful?
- Reinforced what I perceived but continually doubted. Rebuilding sense of worth!
- It assisted me in looking at & celebrating my relationship
- Gave me template for doing a couples workshop

What information/topics would have been more helpful for you?
- How to help my partner process this conversation
- Relationships between men of different ages how to communicate in a relationship

What have you learned in this session that you will think about and share with others?
- That how I process relationship is key to success
- My responsibility in a relationship
- Be honest all the way

What recommendations do you have related to this session's topic?
- This be used as a standard with gay men's interventions

Any additional comments?
- Great session/emotionally challenging

Session 8: What Would a Strong Black Diaspora MSM Network Look Like? Social Marketing, Global North/Global South Support and Partnerships

Panelists:
Ahmed Lee, BGMN, U.S.
Chris Bland, Black AIDS Institute, U.S.
Kwaku Adomako, ABDGN, Canada
Jaevion Nelson, Jamaican Forum for Lesbians, All Sexuals and Gays, Jamaica
Ivan Cruickshank, Caribbean Vulnerable Communities , Jamaica

Summary:
Think for a minute: This meeting of Black MSM leaders from more than 10 different nations, many of whom have never met before, was orchestrated in less than a month. We are closer than we often think. Working from an asset-based perspective, panelists and participants will discuss the various networks that currently exist, and how they might be leveraged for greater collaborations among MSM from across the Black Diaspora. Based on the outcomes of the discussion, assignments and vision will be articulated for the further development of such a network, and what it might accomplish in the next two years, while not duplicating the work of existing networks.

Participant Feedback:

Presenters

Excellent	Good	Fair	Poor
45%	45%	9%	0%

How helpful did you find the discussion in this session?

Not at all helpful	Some-what helpful	Very helpful
0%	23%	77%

In what ways was the discussion helpful?
- Great opportunity to learn about different existing networks and opportunities for collaboration
- The session provided important information on how I can network with brothers in the U.S. and Canada
- Identified specific networks to engage in the BGMN
- Understanding the advocacy, organizing efforts across the diaspora
- It was helpful to all because we are able to leave with objectives
- It put a face to all the different networks in the room->contact person

What information/topics would have been more helpful for you?
- More networks represented on panel—more panel discussion

What have you learned in this session that you will think about and share with others?
- The commitments made.
- A series of opportunities to include networking in the regional MSM GF project in the Caribbean.
- There are some global issues that we share as a community
- What action items we can take away and begin to work on

What recommendations do you have related to this session's topic?
- Distribute/disseminate list of commitments within 24 hours
- Make a bit more practical

Any additional comments?
- Usefulness will depend on follow-up commitments being fulfilled

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Darren Wells
Black Gay Men's Network

Patrick Wilson
Columbia University

Rev. Howard K. Williams
Black Gay Men's Network

...and all of the brave and loving men who participated.

Black AIDS Institute

The Black AIDS Institute, founded in 1999, is the only national HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black leaders, institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.

GREATER THAN AIDS
Greater Than AIDS, a collaboration between the Black AIDS Institute, Black AIDS Media Partnership, Kaiser Family Foundation and the U. S. Centers for Disease Control and Prevention, is a media campaign built around the message that, as Black Americans, we are greater than any challenge we have ever faced. We are greater than AIDS.

LIFE AIDS
Leaders In the Fight to Eradicate AIDS (LIFE AIDS) is a collegiate mobilization initiative whose mission is to educate Black college students on the causes and effects of HIV/AIDS, and to create comfortable dialogues about sex and sexuality.

BLACK AIDS WEEKLY
Black AIDS Weekly is the Institute's e-newsletter of national HIV/AIDS related news, interviews and commentary relevant to Black Americans.

HEROES IN THE STRUGGLE
Heroes in the Struggle is a photographic tribute to African Americans who have made outstanding contributions in the fight against HIV/AIDS. The Heroes In The Struggle exhibit has traveled around the country, raising awareness, challenging individuals and institutions to get involved in their communities, and generating critical conversation about HIV testing and treatment.

BLACK HOLLYWOOD TASK FORCE
An initiative to bring together Black members of the entertainment industry to use their voice and influence to promote HIV/AIDS awareness in the Black community. The Institute engages them to participate in public service announcements, make personal appearances and integrate HIV/AIDS messages into their projects and performances.

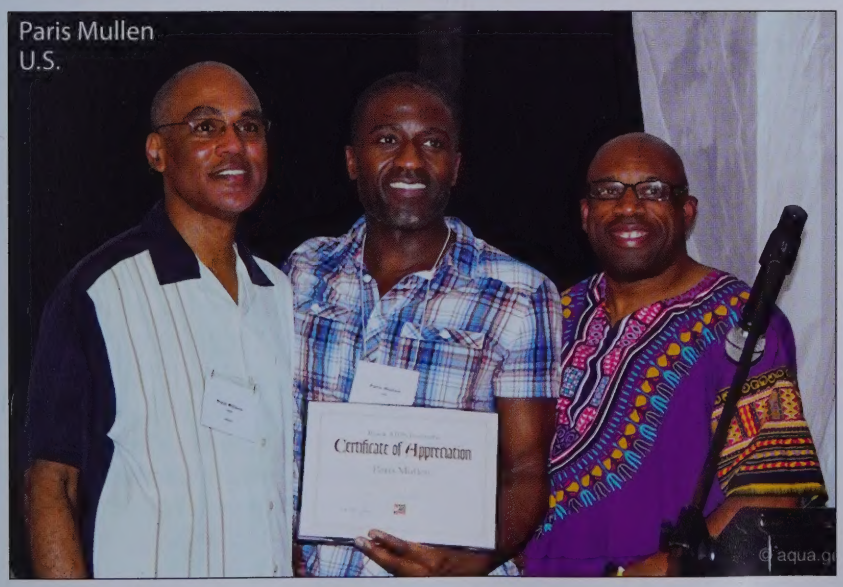
LEDGE
Ledge is the nation's first and only HIV/AIDS awareness, general health and lifestyle magazine written by and for students at historically Black colleges and universities.

BLACK TREATMENT ADVOCATES NETWORK
The Black Treatment Advocates Network focuses on training, mobilizing and networking. The only collaboration of its kind, links Black Americans with HIV into care and treatment, strengthens local and national leadership, connects influential peers, raises HIV science and treatment literacy in Black communities, and advocates for policy change and research priorities.

AFRICAN AMERICAN HIV UNIVERSITY
Aimed at strengthening Black organizational and individual capacity to address the HIV/AIDS epidemic in their communities, the

Rafer Johnson (center) with Phill Wilson and Chris Bland
U.S.

Ahmed Lee
U.S.



Paris Mullen
U.S.

African American HIV University is the comprehensive training and capacity building fellowship program developed by the Black AIDS Institute.

BLACK GAY MEN'S NETWORK
The Black Gay Men's Network promotes the active participation of self-actualized Black gay men in all aspects of community life. It provides opportunities for career development, social connections, loving relationships, educational outreach, skills-building, leadership development, physical and mental health, financial wealth and spiritual wellness.

CITYSHEET SERIES
The CitySheet Series is a set of fact sheets that provide background, statistics and resources related to HIV/AIDS in local and regional Black communities. It is an invaluable resource for community stakeholders who want local information and potential partners in one succinct document.

STATE OF AIDS IN BLACK AMERICA
The annual State of AIDS in Black America report comprehensively assesses the national picture of AIDS in Black communities from epidemiological, political, and cultural perspectives, and offers recommendations for policymakers and Black leaders. Each report assesses the progress made towards ending the AIDS epidemic in Black America and holds accountable those institutions and individuals which have advanced or hindered such progress.

African and Black Diaspora Global Network on HIV/AIDS

African and Black Diaspora Global Network on HIV/AIDS (ABDGN) emerged from activities organized for the African and Black Diaspora stream at the 16th International AIDS Conference (IAC) held in Toronto, Canada in August 2006. The first of its kind at the IAC, the Diaspora stream presented an extraordinary opportunity to highlight the HIV/AIDS pandemics amongst African and Black populations living in the western world and the impacts on individuals and communities to mount effective responses. ABDGN is a legacy of the global-based mobilizations that took place during AIDS 2006 and continues to evolve as the lead global voice on issues linked to HIV/AIDS and African/Black populations in the developed world.

ABDGN is a unified "network of networks" based in Toronto, Canada whose mission is to strengthen the global response to existing and emerging HIV and AIDS epidemics amongst African/Black/Caribbean populations in the Diaspora, inclusive of migrant/immigrant/refugee populations.

The Governing Council of ABDGN is comprised of the following organizations:

- Women's Health in Women's Hands Community Health Centre (WHIWH), Canada
- African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), Canada
- Interagency Coalition on HIV and Development (ICAD), Canada
- African Services Committee (ASC), United States
- Black AIDS Institute (BAI), United States
- Caribbean Vulnerable Communities Coalition (CVC), Jamaica
- African Health Policy Network (AHPN), United Kingdom
- AIDES, France
- European AIDS Treatment Group (EATG), Netherlands
- Australian Federation of AIDS Organizations (AFAO), Australia

Each of the Governing Council member organizations have well-established and recognized research, policy, programming and advocacy expertise within national, regional, and global contexts, for a diverse range of populations living with HIV/AIDS, including African descendants and African/Black migrant populations.

ABDGN has also established working relationships and partnerships with governments, civil society networks, and other decision makers at country specific, regional and international levels including institutions such as the Public Health Agency of Canada (PHAC), International Affairs Directorate, Health Canada, White House Office on National AIDS Policy, United States Centers for Disease Control and Prevention (CDC), The European Centre for Disease Prevention and Control (ECDC), the International Organization for Migration (IOM), UNAIDS, Global Forum on Men who have sex with Men (MSMGF), Global Network of People Living with HIV(GNP+), International AIDS Vaccine Initiative (IAVI), and the United Nations Development Programme(UNDP).

BUILDING BRIDGES BREAKING BARRIERS

BLACK GAY MEN'S NETWORK 2012 ANNUAL RETREAT

April 1-4, 2012—Santo Domingo
April 5-9, 2012—Punta Cana
www.thebgmnetwork.com

BACKGROUND AND OVERVIEW

The annual Black Gay Men's Network Retreat will sharpen the focus of men of the African Diaspora on a wide range of issues and topics including international human rights, mentoring, the 2012 International AIDS Conference, and HIV/AIDS in the Caribbean—the region with the world's second highest adult HIV prevalence.

In 2011, The Black AIDS Institute's, Black Gay Men's Network and the African/Black Diaspora Global Network on HIV/AIDS hosted an invitational four-day consultation and retreat focused on Black MSM issues in the Diaspora, with a focus on North America and the Caribbean region. The goal of the meeting was to promote meaningful interactions and maximize priority-setting and networking.

The objectives of the consultation were:

- Expand the understanding of recent breakthroughs in bio-medical interventions among Black MSM,
- Develop strategies to increase the voice and presence of Black MSM at the 2012 International AIDS conference in Washington D.C., and
- Strengthen Black gay networks in North America and the Caribbean.

Forty-three men representing Belize, Canada, Dominican Republic, Grenada, Guyana, Jamaica, Saint Lucia, Suriname, Trinidad & Tobago, and the United States met in the Dominican Republic to convene the first HIV/AIDS consultation. That gathering produced the first Black Diaspora MSM Consultation Report. This report provides a profile of the participants, descriptions and feedback for each session, key outcomes and recommendations, and detailed discussions of some critical topics addressed by the group.

The men of the Black Diaspora MSM consultation reflected on their experience with the AIDS epidemic learned about new developments and gave their input on the way forward for their respective communities. The first such gathering of its kind, the retreat/consultation built on the tradition of the Black Gay Men's Network Annual Retreat, and incorporated men from across the Black Diaspora in the Western Hemisphere, to energize a regional dialogue among Black Gay men as we entered the fourth decade of the AIDS epidemic. Over the course of the four day consultation participants engaged in thirteen lecture and discussion-driven sessions, and several personal and rapport-development activities.

The 2011 retreat/consultation was in large part made possible by the generous support of the Elton John AIDS Foundation, Ford Foundation, and amFAR: The Foundation for AIDS Research, the International AIDS Vaccine Initiative, and the U.S. National Institutes of Health, Office of AIDS Research.

PURPOSE AND AUDIENCE FOCUS

The Building Bridges and Breaking Barriers Retreat will convene April 01-08 2012. Caribbean, Canadian and American Black MSM & Gay men—HIV stakeholders all—will assemble to build on the success of the previous year's retreat, to strengthen earlier relationships forged, and demonstrate the synergistic results of regional cooperation and collaboration among men of the Caribbean and North American Black Diaspora.

The audience of for the 2012 Retreat includes individuals living or working in the Caribbean and North America, such as:

- People living with HIV
- Members of vulnerable groups
- Researchers and clinicians
- Allied health care professionals
- Caregivers and patient advocates
- Advocates for social justice and health parity
- Members of community and faith-based organizations
- Regional and international governmental; representatives
- Public policy analysts and decision makers
- Civil society and regional media representatives
- Entertainment and celebrities

GOALS

Through the Black Gay Men's Network: Building Bridges and Breaking Barriers 2012 Retreat, participants will:

- **BUILD** upon the previous year's stated objectives by bringing together countries and territories of the Caribbean and North American Black Diaspora to share, learn and network.
- **BRIDGE** Caribbean/North American efforts to work collectively toward preventing the spread of HIV and mitigating the impact of HIV on the health, social and economic status of Black gay and MSM.
- **ENHANCE** regional efforts and responses to HIV through the application of knowledge, research, lessons learned, collaboration and best-practices throughout respective regions.
- **DISMANTLE** discrimination, homophobia and stigma on the international and local fronts--wherever and whenever we encounter such barriers and practices.
- **STRENGTHEN** networks and relationships through information dissemination, using the tools at our disposal--technical and practical, through sharing, learning and networking.

RETREAT CHAIR AND COMMITTEES

Development of the Retreat is being led by Chair Sheldon DeSouza. The Chairperson works in conjunction with the Steering Committee and the Planning Committee.

The Steering Committee is comprised of individuals with extensive experience in retreat/event organization and subject area expertise. Committe members are:

Jasper Hendricks, III
Jonte Lee, Vice Chair, Membership
Paris Mullen
Allyn Rubin, Vice Chair, Membership

Planning Committee members invited Adjunct Workshop Facilitators to participate in the retreats' development based on their expertise working with MSM and Black Gay Men, HIV-affected and infected constituencies and communities. These individuals bring their collective experience and interests in the following areas:

- Academia
- Advocacy
- Clinical science
- Community-based and non-governmental organizations
- Entertainment
- Faith and religion
- Health care
- Human rights
- LBGT organizations
- Media
- Policy-making
- Program administration
- Research
- Social and behavioral sciences
- Youth

PROPOSED WORKSHOPS AND SPECIAL ACTIVITIES

PROPOSED WORKSHOP ABSTRACTS

- Coalition and partnerships building
- Political activism: 2012 and beyond
- International human rights
- Faith and religion
- Mental health
- Virtual mentorship program models

PROPOSED SPECIAL ACTIVITIES

Track A

- Red carpet premiere screening with post discussion and after party (not funded)
- High level meeting with U.S. State Department/Embassy in Dominican Republic
- Santo Domingo local community outreach opportunities

Track B

- Ropes™ Obstacle course

OFFICIAL LANGUAGE

The official language of the Retreat is English. All abstracts must be submitted in English. Workshop presentations will be conducted in English (Track B) and may be conducted in either English or Spanish in Track A. Simultaneous interpretation (Spanish/English) will be provided during the community engagement sessions.

SCHEDULE, ACCOMMODATIONS AND RATES

The Retreat is divided into two tracks held over 8 days and 7 nights.

Track A: **Community Outreach and Global Engagement**
Santo Domingo
4 days and 4 nights

Track B: **Traditional Concurrent Workshop Sessions**
Punta Cana
4 days and 3 nights

You may attend either Track A or Track B or both tracks. Note that the accommodation arrangements and pricing structures differ for the two locations. Melia Caribe in Punta Cana is all-inclusive. Renaissance Santo Domingo Jaragua Hotel & Casino in Santo Domingo is not.

TRACK A

Santo Domingo, April 1-4, 2012
Community Outreach and Global Engagement
Renaissance Santo Domingo Jaragua Hotel & Casino, Santo Domingo
$105-$135 per night, single or double occupancy
Includes breakfast buffet
Arrive April 1, 2012
Depart for Punta Cana April 5 at 9 a.m.

ACTIVITIES

- Grass-roots organizing, local networking opportunities and social activities
- Host community LGBT Town Hall
- Local issues and global implications
- Discussions with a representative from the U.S. State Department
- Community engagement
- Local outreach
- International human rights
- Red carpet premiere screening
- After party and reception

TRACK B

Punta Cana, April 5-8, 2012
Traditional Concurrent Workshop Sessions
Melia Caribe Tropical Resort, Punta Cana
$170 per night, single occupancy; $250 per night, double occupancy
Resort-specific inclusive package for Punta Cana includes all meals, snacks, beverages and non-motorized water and land sports. *(This all-inclusive pckage applies to Punta Cana only. Not available in Santo Domingo.)*
Arrive April 5, 2012
Depart April 8 at 12 noon

ACTIVITIES

- Concurrent sessions
- Cultural, spiritual and leadership issues
- Prevention, social, behavioral and biomedical issues
- Closing banquet and awards ceremony

REGISTRATION

Registration is $325 per person.

TRAVEL

BAI OFFICIAL TRAVEL AGENT

Georgia International Travel, 800-444-3078
David Lankford, david@gitravel.com, 404 974 4883

DISCOUNT TRAVEL

United Airlines/Continental: Book at www.continental.com or www.united.com. Enter offer code ZKXP905861.
Delta Airlines:
American: Book at www.aa.com/group. Enter promo code 6932BY.
Air Tran: Book at www.airtran.com . Enter promo/discount code PUJ040112 (Punta Cana travel only)

KEY DATES

February 1, 2012	Abstract submission deadline Registration for North Americans opens
February 1, 2012	Caribbean registration opens Scholarship request deadline
February 25, 2012	Scholarship notification begins
March 15, 2012	Housing registration deadline

FOR MORE INFORMATION

www.thebgmnetwork.com/retreat.html
contacts@BlackAIDS.org (Put "BGMN 2012 Retreat" in subject line)

PARTNERS AND SPONSORS

RETREAT SPONSORS

MAC AIDS Fund
Elton John AIDS Foundation
Air Tran, Corporate Sponsor
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Georgia International Travel

RETREAT PARTNERS (AS OF DECEMBER 2011)

Black Gay Men's Network
African/Black Diaspora Global Network on HIV/AIDS
Amnesty International
International Gay and Lesbian Human Rights Commission
Global Equality Council
TransAfrica Forum

THE BLACK AIDS INSTITUTE

testing makes us

STRONGER

Your HIV test result expires every time you have risky sex.

Stay strong and informed.

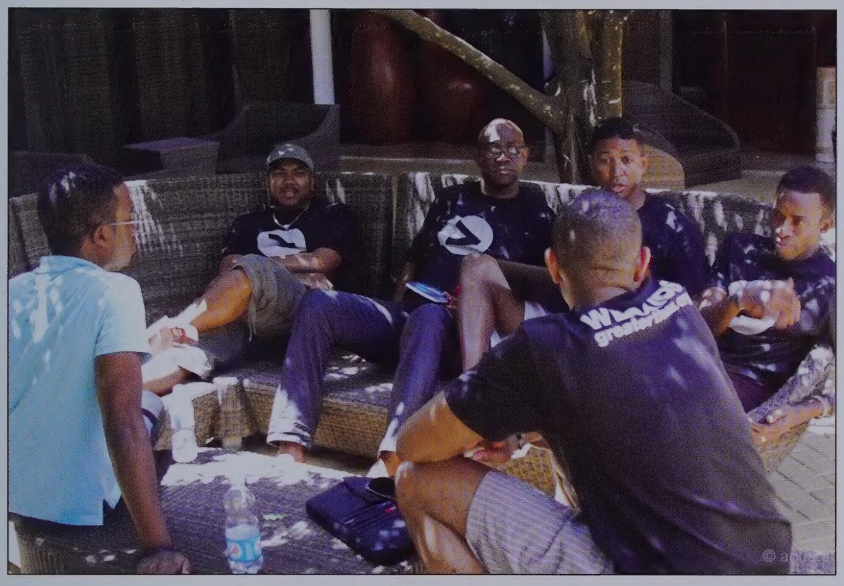
Get tested

Find free, fast and confidential
testing near you:

www.HIVTest.org/stronger

CDC

ACT
against
AIDS

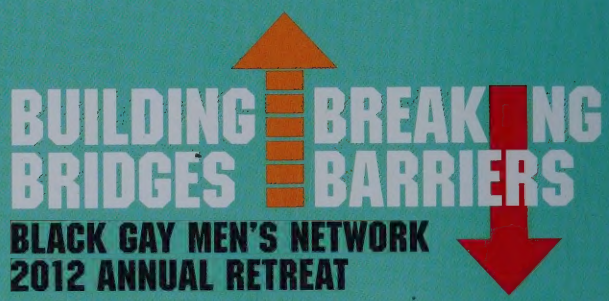


What Does ABDGN Do?

BUILD
ABDGN works with country specific and regional civil society stakeholders, empowering the voices of diverse African/Black/ Caribbean Diaspora populations and migrant/immigrant/refugee populations living with and vulnerable to HIV/AIDS, to inform the development of population/ community and issue-specific action plans facilitated by the network and its membership to strengthen local, regional and global responses.

LEVERAGE
ABDGN establishes relationships and partnerships with country specific and regional government authorities and population health stakeholders to provide stronger links and information sharing between civil society stakeholders and their respective country and regional authorities

INFLUENCE
Via access to the United Nations Economic and Social Council (ECOSOCS) status held by Women's Health in Women's Hands Community Health Centre (WHIWH), ABDGN is then able to inform and influence key member states and diverse UN-related global health stakeholders, government representatives, and civil society partners with on the ground, regionally contextualized action plans and recommendations



For more information:
Black Gay Men's Network
April 1-4, 2012—Santo Domingo
April 5-9, 2012—Punta Cana
www.thebgmnetwork.com

For more information,
or more copies of this report:
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